

*A lot of the info I checked
yes on was located in the
SPCC plan App C - is
that ok?*



Facility Response Plan Plan Review Checklist

For Verifying Compliance with Facility Response Plan Requirements

Activity Information	
Activity Type	FRP Plan Review
Reason for Review	<input type="checkbox"/> Initial Plan Submittal (new FRP) <input checked="" type="checkbox"/> 5-year Review ? <input type="checkbox"/> Plan Amendment (note type) <input type="checkbox"/> Other (note other reason) Note:
Activity Date	
EPA Inspector	

112.20(h)(11)	A. Response Plan Cover Sheet (sec. 2.0)	YES	NO	N/A
	General Information (sec 2.1)			
	Facility name ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Facility address ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Facility telephone number ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mailing address (if different from facility address) ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Facility owner/operator and address(recommended) ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Facility owner telephone(recommended) ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dun & Bradstreet number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Longitude (degrees, minutes, seconds) ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Latitude (degree, minutes, seconds) ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	North American Industrial Classification System (NAICS) code	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Facility start up date(recommended)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Facility acres(recommended)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Name of protected waterway or environmentally sensitive area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Distance to navigable water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Worst case discharge amount (gallons)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Maximum oil storage capacity (gallons)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Largest aboveground storage tank (AST) capacity (gallons)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total number of ASTs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total number of underground storage tanks (USTs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total UST storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total storage of drums and transformers that contain oil	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Number of surface impoundments and total storage of surface impoundments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Applicability of Substantial Harm Criteria (sec.2.2)			
	Attachment C-1 with answer to each applicability question	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Documentation of reliability and analytical soundness of alternate formula	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Please use the following space to note any missing or incomplete information.				
	Certification (sec. 2.3)			
	Plan holder certification is included (contains signature, title, and date)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information.				
	Verification of Contract (sec. 2.4)			
	Plan holder certification is included (contains signature, title, and date)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Please use the following space to note any missing or incomplete information.				

112.20(h)(1)	B. Emergency Response Action Plan (ERAP) (sec. 1.1)	YES	NO	N/A
112.20(h)(1)	Separate Section of FRP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(1)(i),	Qualified Individual (QI) Information (sec. 1.2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(1)(ii), 112.20(h)(3)(iii)	Emergency Notification List (sec. 1.3.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spill Response Notification Form (sec. 1.3.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(1)(iv)	Response Equipment List and Location (sec. 1.3.2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(1)(iv)	Response Equipment Testing and Deployment (sec. 1.3.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(1)(v)	Facility Response Team List (sec. 1.3.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(1)(vi)	Evacuation Plan (sec. 1.3.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(1)(vii)	Immediate Actions (sec. 1.7.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(1)(viii)	Facility Diagrams (sec. 1.9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*The sections above should be extracted from the more detailed corresponding sections of the plan.			
Please use the following space to note any missing or incomplete information in the ERAP.				

112.20(h)(2)	C. Facility Information (sec. 1.2)	YES	NO	N/A
	Facility name (sec. 1.2.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Street address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	City, state, zip code	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	County	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Latitude/longitude (sec. 1.2.2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wellhead protection area (sec. 1.2.3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Owner/operator (both names included, if different) (sec. 1.2.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	QI Information (sec. 1.2.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-Name, position, street address, phone numbers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Description of specific response training experience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oil storage start-up date (sec. 1.2.6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Facility operations description (sec. 1.2.7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	North American Industrial Classification System (NAICS) or Standard Industrial Classification code (SIC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dates and types of substantial expansion (sec. 1.2.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.2 of the Plan and, to the extent possible, assess the accuracy of the information provided based on field inspection.				

112.20(h)(1) and (3)	D. Emergency Response Information (sec. 1.3)	YES	NO	N/A
	Notification (sec. 1.3.1)			
	Emergency Notification Phone List	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	National Response Center phone number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(1)(i)	QI (day and evening) phone numbers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Company response team (day and evening) phone numbers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Federal On-Scene Coordinator (OSC) and/or Regional Response Center (day and evening) phone numbers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Local response team phone numbers (fire department/cooperatives)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fire marshal (day and evening) phone numbers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State emergency response phone number(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State Police phone number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State Emergency Response Commission (SERC) phone number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Local emergency planning committee (LEPC) phone number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wastewater treatment facility(s) name and phone number (recommended)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Local water supply system (day and evening) phone numbers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weather report phone number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Local television/radio phone number(s) for evacuation notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(3)(i)	Spill response contractor(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Factories/Utilities with water intakes (recommended)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustees of sensitive areas (recommended)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hospital phone number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spill Response Notification Form			
	Reporter's name, position and phone number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Company information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Incident description (source/cause)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Material (were materials discharged?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response action (meeting federal obligations to report, calling for responsible party, time called)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Impact			
	Date/time of incident, incident address/location, nearest city/state/county/zip code, distance from city/units of measure/direction from city, township, range, borough, container type/tank oil storage capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Units of measure, facility oil storage capacity/units of measure, facility longitude and latitude	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.3 of the Plan. Please use to assess the accuracy of the information provided based on field inspection.				
112.20(h)(1)(iv), 112.20(h)(3)(vi)	Response Equipment (sec 1.3.2)			
	Equipment Information			
	Equipment list	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Equipment location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Release handling capabilities and limitations (e.g., launching sites)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information.				

112.20(h)(3)(vi)	E. Response Equipment List (Identify if Facility, OSRO, CO-OP owned by letters O, F, or C) (sec. 1.3.2)	YES	NO	N/A
O	Skimmers/pumps (operational status, type/model/year, number or quantity, capacity, daily effective recovery rate, storage location)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Boom (containment boom: operational status, year, number, skirt size)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Boom (sorbent boom: operational status, type/model/year, number, size (length))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical countermeasure agents stored	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F	Sorbents (type, year purchased, amount, storage location)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Hand tools (type, quantity, storage location)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communications equipment (operational status, type and year, quantity, storage location)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Fire Fighting and Personnel Protective Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Boats and Motors (operational status, type, and year, quantity, storage location)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F	Other (e.g., heavy equipment, cranes, dozers, etc.) (operational status, type and year, quantity, storage location) <i>sand bags/plywood</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Equipment Location	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Amount of oil that emergency response equipment can handle and limitations (e.g., launching sites) must be described.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information.				

Figure 7.1-1

112.20(h)(8)(i) and (ii)	F. Response Equipment Testing and Deployment Drill Log (sec. 1.3.3)	YES	NO	N/A
	Date of last inspection or equipment test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inspection Frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Date of Last Deployment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deployment Frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OSRO Certification (Note: Facilities without facility owned response equipment must ensure that the Oil Spill Removal Organization that is identified in the response plan to provide this response equipment certifies that the deployment exercises have been met)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.3.3 of the Plan and verify that the log information is up-to-date during the field inspection.				
<i>Blank form - not filled out with any actual testing or deployment information</i>				

Figure A.1-4

	G. Personnel (sec. 1.3.4)	YES	NO	N/A
112.20(h)(3)(v), 112.20(h)(1)(v)	Emergency Response Personnel Information (Personnel whose duties involve responding to emergencies, including oil discharges, even when they are not present at the site) <i>Fig 3.1-3</i>			
	Response personnel name(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Facility response team title/position	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response personnel phone numbers (work/home, other)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response personnel response time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response personnel responsibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Response personnel training (type and date)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(3)(i)	Emergency Response Contractor Information <i>3.1-3 + 7.1-1 App. B</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response contractor name (s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response contractor phone numbers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response contractor response time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(3)(ii)	Response contractor evidence of contractual arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Facility Response Team Information (Composed of Emergency Response Personnel and Emergency Response that will respond immediately)			
	Response team member name(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response team member job function	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Response team member response time <i>most</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Response team member phone/pager number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name of emergency response contractor (contractors providing facility response team services may be different than contractors providing oil spill response services)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	- Response time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Phone/pager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.3.4 of the Plan. Response time for Bay West cannot be 0 hours from St. Paul, MN. <i>and ACME can't get from Tulsa to Wathena in 3.5 hrs</i>				

	H. Evacuation Plans (sec. 1.3.5)	YES	NO	N/A
112.20(h)(1)(vi), 112.20(h)(3)(vii)	Facility Evacuation Plan (sec. 1.3.5.1) <i>C-7 or Figure 1</i>			
	Location of stored materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hazard imposed by spilled materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spill flow direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prevailing wind directions and speed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Water currents, tides, or wave conditions (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival route of emergency response personnel and response equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Evacuation routes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Alternative routes of evacuation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Transportation of injured personnel to nearest emergency medical facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Location of alarm/notification systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Centralized check-in area for roll call	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mitigation command center location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Location of shelter at facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(3)(vii), 112.20(h)(1)(vi)	Community Evacuation Plans referenced (sec. 1.3.5.3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the following space to note any missing or incomplete information in Section 1.3.5 of the plan and to assess the accuracy of the information provided based on field inspection. An alternative evacuation route to the rear of the facility should be considered in case the front gate can't be used. Location of air horn not described in plan.

112.20(h)(3)(ix)	I. Qualified Individual's Duties (sec. 1.3.6)	YES	NO	N/A
112.20(h)(3)(ix)(A)	Activate internal alarms and hazard communication systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(3)(ix)(B)	Notify Response Personnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(3)(ix)(C)	Identify character, exact source, amount, and extent of the release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(3)(ix)(D)	Notify and provide information to appropriate Federal, State and local authorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(3)(ix)(E)	Assess interaction of spilled substance with water and/or other substances stored at facility and notify on-scene response personnel of assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(3)(ix)(F)	Assess possible hazards to human health and the environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(3)(ix)(G)	Assess and implement prompt removal actions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(3)(ix)(H)	Coordinate rescue and response actions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(3)(ix)(I)	Access company funding to initiate cleanup activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(3)(ix)(J)	Direct cleanup activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the following space to note any missing or incomplete information.

112.20(h)(4)	J. Hazard Evaluation (sec. 1.4) (See Section II, Appendix A)	YES	NO	N/A
	Hazard Identification (sec. 1.4.1)			
	Tank Above Ground and Below Ground			
	Tanks (List Tanks by Number, Product and Shell Capacity in the space below)			
	Tank number(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Substance(s) stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Quantity(s) stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Tank type(s)/year(s) of construction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shell capacity(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Failure(s)/cause(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Surface Impoundments (SI)			
	SI Number(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Substance(s) Stored	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Quantity(s) Stored	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Surface area(s)/year(s) of construction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Maximum capacity(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Failure(s)/cause(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Labeled schematic drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Description of transfers (loading and unloading) and volume of material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Description of daily operations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Secondary containment volume(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Normal daily throughput of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.4.1 of the plan and to assess the accuracy of the information in Section 1.4.1 of the plan and to assess the accuracy of the information based on field inspection. Not all tank construction year provided.				

112.20(h)(4)	K. Vulnerability Analysis (sec. 1.4.2) (See Appendix A - Calculation of the Planning Distance)	YES	NO	N/A
	Analysis of potential effects of an oil spill on vulnerable areas. (Attachment C-III to Appendix C to this part provides a method that owners or operators shall use to determine appropriate distances from the facility to fish and wildlife and sensitive environments. Owners or operators can use a comparable formula that is considered acceptable by the Regional Administrator (RA). If a comparable formula is used, documentation of the reliability and analytical soundness of the formula must be attached to the Response Plan Cover Sheet.)			
	Water intakes (drinking, cooling or other)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Medical facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Residential areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Businesses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wetlands or other sensitive environments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fish and wildlife	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lakes and streams	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Endangered flora and fauna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recreational areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Transportation routes (air, land, and water)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Utilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other applicable areas of economic importance (list below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.4.2 of the plan and to assess the accuracy of the information based on field inspection.			

D.2.1 Appendix D.5.1

112.20(h)(4)	L. Analysis of the Potential for an Oil Spill (sec. 1.4.3)	YES	NO	N/A
	Description of likelihood of release occurring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oil spill history for the life of the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Horizontal range of potential spill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vulnerability to natural disaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tank age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other factors (e.g., unstable soils, earthquake zones, Karst topography, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.4.3 of the Plan and to assess the accuracy of the information based on field inspection.				

112.20(h)(4)	M. Facility Reportable Oil Spill History Description (sec. 1.4.4)	YES	NO	N/A
	Date of discharge(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	List of discharge causes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Material(s) discharged	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Amount of discharges (gallons)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Amount that reached navigable waters (if applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Effectiveness and capacity of secondary containment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Clean-up actions taken	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Steps taken to reduce possibility of recurrence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Total oil storage capacity of tank(s) or impoundment(s) from which material discharged	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Enforcement actions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Effectiveness of monitoring equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Description(s) of how each oil discharge was detected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.4.4 of the Plan.				

C-13

they have N/A for all of these but they admit a spill on 3/13/0.

N. Discharge Scenarios (sec. 1.5) <i>App D.5</i>		YES	NO	N/A
Small Discharges (sec. 1.5.1) (Description of small discharges addressing facility operations and components including but not limited to (see. 1.5.1.1):				
Loading and unloading operations		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility maintenance operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility piping		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pumping stations and sumps		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil storage location		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle refueling operations		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ?
Age and condition of facility components		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small volume discharge calculation for a facility	<i>D.5</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility-specific spill potential analysis	<i>D.5</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average most probable discharge for complexes	<i>D.7</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ?
1,000 feet of boom (1 hour deployment time)	<i>7.1.1 Fig 7.1-1 App B</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct amount of boom for complexes	<i>7.1</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ?
Oil recovery devices equal to small discharge (2 hour recovery time)	<i>7.1.1 Fig 7.1-1 App B</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil storage capacity for recovered material	<i>7.1.1 Fig 7.1-1 App B</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scenarios Affected by the Response Efforts (sec. 1.5.1.2)				
Size of the discharge		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>100%</i>
Proximity to downgradient wells, waterways, and drinking water intakes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>100%</i>
Proximity to fish and wildlife and sensitive environments		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>100%</i>
Likelihood that the discharge will travel offsite (i.e., topography, drainage)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of the material discharged (i.e., on a concrete pad or directly on the soil)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material discharged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weather or aquatic conditions (i.e., river flow)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available remediation equipment		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probability of a chain reaction of failures		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direction of discharge pathway		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium Discharges (sec. 1.5.1) (Description of medium discharges scenarios addressing facility operations and components including but not limited to (sec. 1.5.1.1):				
Loading and unloading operations		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility maintenance operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility piping		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pumping stations and sumps		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil storage location		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle refueling operations		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ?

	Age and condition of facility components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medium volume discharge calculation for a facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Facility-specific spill potential analysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Maximum most probably discharge for complexes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Oil recovery devices equal to medium discharge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Availability of sufficient quantity of boom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oil storage capacity for recovered material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Scenarios Affected by the Response Efforts (sec. 1.5.1.2)				
	Size of the discharge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Proximity to downgradient wells, waterways, and drinking water intakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Proximity to fish and wildlife and sensitive environments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Likelihood that the discharge will travel offsite (i.e., topography, drainage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Location of the material discharged (i.e., on a concrete pad or directly on the soil)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Material discharged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weather or aquatic conditions (i.e., river flow)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Available remediation equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Probability of a chain reaction of failures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Direction of discharge pathway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the following space to note any missing or incomplete information in Section 1.5.1 of the Plan and to assess the accuracy of the information provided based on field inspection.

Small spill recovery directed to oil water separator; Med spill scenario was of the oilwater separator and no mention of where that material would be placed other than vac truck which can't hold 36,000 gallons

112.20(h)(5)(i)	O. Worst Case Discharge (sec. 1.5.2) (See Appendix A) (When planning for the worst case discharge response all of the factors listed in the small and medium discharge section of the response plan shall be addressed)	YES	NO	N/A
	Facility Specific Worst Case Discharge Scenario	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Description of worst case discharges scenarios addressing facility operations and components including but not limited to (sec. 1.5.1.1):			
	Loading and unloading operations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Facility Maintenance Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Facility Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Pumping stations and sumps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Oil storage location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vehicle refueling operations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Age and condition of facility components	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

addressed as N/A in the plan but I think that is wrong ??

112 Appendix D	Correct Worst Case Discharge (WCD) calculation for specific type of facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Correct WCD calculation for complexes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
112 Appendix E	Sufficient response resources for WCD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Sources and quantity of equipment for response to WCD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oil storage capacity for recovered material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Scenarios Affected by the Response Efforts (sec. 1.5.1.2)			
	Size of the discharge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Proximity to downgradient wells, waterways, and drinking water intakes <i>use & near shore/Great Lake when should have used Rives + canals in</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Proximity to fish and wildlife and sensitive environments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Likelihood that the discharge will travel offsite (i.e., topography, drainage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Location of the material discharged (i.e., on a concrete pad or directly on the soil)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Material discharged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weather or aquatic conditions (i.e., river flow)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Available remediation equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Probability of a chain reaction of failures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Direction of discharge pathway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.5.2 of the Plan and to assess the accuracy of the information provided based on field inspection.				

112.20(h)(6)	P. Discharge Detection Systems (sec. 1.6)	YES	NO	N/A
	Discharge Detection by Personnel (sec. 1.6.1)			
	Description of procedures and personnel for spill detection <i>D.3</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Description of facility inspections <i>Figure C-10 Appendix D.3</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Description of initial response actions <i>Fig 2-1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency Response Information (referenced)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.6.1 of the plan.				

Section II, 112.7(e)(5)(iii)(D), 112.7(e)(5)(iii), 112.7(e)(2)(viii), 112.7(e)(7)(v), Appendix A	Automated Discharge Detection (sec. 1.6.2)			
	Description of automatic spill detection equipment, including overfill alarms and secondary containment sensors <i>Fig C-3 Appendix D.3</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Description of alarm verification procedures and subsequent actions <i>D.3</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Initial response actions <i>Fig 2-1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.6.2 of the Plan.				

112.20(h)(7), Appendix E	Q. Plan Implementation (sec. 1.7)	YES	NO	N/A
Identification of response resources for small, medium, and worst case spills (sec. 1.7.1)				
Description of response actions				
	Accessibility of proper response personnel and equipment <i>App B</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency plans for spill response <i>Sect 2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Additional response training <i>Append. A.2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Additional contracted help <i>App B</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Access to additional response equipment/experts <i>App. B</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ability to implement plan, including response training and practice drills <i>APP A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Temporary storage <i>7.3.1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recommended form detailing immediate action for small, medium and Worst Case spills (sec. 1.7.1.2A) (stop the product flow, warn personnel, shut off ignition sources, initiate containment, notify NRC, notify OSC, notify (as appropriate)) <i>Fig 2-1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.7.1 of the Plan.				
Disposal Plan (sec. 1.7.2)				
	Description of procedures for recovering, reusing, decontaminating or disposing of materials <i>Sect 5.5 Sect 7.3</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Materials addressed in Disposal Plan (recovered product, contaminated soil, contaminated equipment and materials (including drums tank parts, valves and shovels), personnel protective equipment, decontamination solutions, absorbents, spent chemicals))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plan prepared in accordance with any federal, state, and/or local regulations <i>7.3.3</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Plan addresses permits required to transport or dispose of recovered materials 7.3.3 5.5 + 7.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.7.2 of the Plan.				
Section II, 112.7(e)(1), 112.7(e)(7), Appendix A	Containment and Drainage Planning (sec. 1.7.3)			
	Description of containing/controlling a spill through drainage			
	Containment and drainage plan available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Available volume of containment C-15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drainage route from oil storage and transfer areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Construction materials used in drainage troughs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Type and number of valves and separators in drainage system	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Sump pump capacities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Containment capacities of weirs and booms and their location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Other cleanup materials C-15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing and incomplete information in Section 1.7.3 of the Plan and to assess the accuracy of the information provided during field inspection.				

	R. Self-Inspection, Training, and Meeting Logs (sec. 1.8)	YES	NO	N/A
	Facility Self-Inspection (sec. 1.8.1)			
Section II, 112.7(e)(8)	Records of tank inspections with dates (tank leaks, tank foundations, tank Piping) contained or cross-referenced in Plan or maintained electronically for five years C-10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section II, 112.7(e)(8)	Records of secondary containment inspections with dates (dike or berm system, secondary containment, retention and drainage ponds) contained or cross-referenced in Plan or maintained electronically for five years C-10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112.20(h)(8)(i)	Response equipment inspection			
	Response equipment checklist (sec. 1.8.1.2) 7.1.2?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Equipment inventory (item and quantity) 7.1.1 D.3-1 D.3-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Storage location (time to access and respond) D.3-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Accessibility (time to access and respond)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Operational status/condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Actual use/testing (last test date and frequency of testing) only blank log	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Shelf life (present age, expected replacement date)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- Inspection date	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- Inspector's signature	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A.1-4

	- Inspection records maintained for 5 years	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- Response equipment inspection log (inspector, date, comments)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please use the following space to note any missing or incomplete information in Section 1.8 of the Plan and to assess the accuracy of the information.

No actual logs showing actual dates of inspection and signatures - only blank forms/logs for future use

Facility Drills/Exercises (sec. 1.8.2)				
	Description of drill/exercise program based on National Preparedness for Response Exercise Program (PREP) guidelines or other comparable program <i>A.1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- If "no" alternative program has been approved by EPA RA (describe program below)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	QI notification drill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spill management team tabletop exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Equipment deployment exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unannounced exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Area exercise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Description of evaluation procedures for drill program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified Individual notification drill log (sec. 1.8.2.1)				
	Date, company, qualified individual, other contacted, emergency scenario, evaluation <i>records available upon request</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill management team tabletop drill log (sec. 1.8.2.2)				
	Date, company, QI, participants, emergency scenario, evaluation, changes to be implemented, time table for implementation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the following space to note any missing or incomplete information in Section 1.8.2 of the Plan and to assess the accuracy of the information provided based on field inspection.

Response Training (sec. 1.8.3)				
	Description of response training program (including topics) <i>A.2-2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Personnel response training logs (name, response training date/and number of hours, prevention training date/and number of hours) <i>A.2-3</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Discharge prevention meeting logs (date, attendees) <i>C-9</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please use the following space to note any missing or incomplete information in Section 1.8.3 of the Plan and verify that the log information is up-to-date during the field inspection.

Blank forms

S. Diagrams (sec. 1.9)		YES	NO	N/A
Site Plan Diagram				
Entire facility to scale	C-6 C-7 fig 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above and below-ground storage tanks		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contents and capacities of bulk oil storage tanks	C-4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contents and capacities of drum storage areas		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contents and capacities of surface impoundments		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Process buildings		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transfer areas		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location and capacity of secondary containment systems	no	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of hazardous materials		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of communications and emergency response equipment		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of electrical equipment that might contain oil		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the facility is a complex facility, the interface between EPA and other regulating agencies		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Please use the following space to note any missing or incomplete information in the Site Plan diagram and to assess the accuracy of the diagram based on field inspection.				
Site Drainage Plan Diagram				
Major sanitary and storm sewers, manholes, and drains		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weirs and shut-off valves		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface water receiving streams		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire fighting water sources		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other utilities		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Response personnel ingress and egress		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response equipment transportation routes		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Direction of spill flow from discharge points		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information in the Site Drainage Plan diagram and to assess the accuracy of the diagram based on field inspection.				
Site Evacuation Plan Diagram				
Site plan diagram with evacuation routes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of evacuation regrouping areas		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information in the Site Evacuation Drainage Plan diagram and to assess the accuracy of the diagram based on field inspection.				

Section II, 112.7(e)(9)	T. Site Security (sec. 1.10)	YES	NO	N/A
	• Description of facility security <i>C-3</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Emergency cut-off locations, enclosures, guards and their duties, lighting, valve and pump locks, pipeline connection caps)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space to note any missing or incomplete information in Section 1.10 of the plan and to assess the accuracy of the information provided based on field inspection.				

Please use the following space to describe overall impressions of the facility response plan (i.e., functional, workable). A set of questions is provided in Appendix C to assist the inspector is assessing overall Plan adequacy.	
Reviewed by:	
Date:	